

## State of Washington Application for a Water Rightpartment of ECOLOGY

For Ecology Use Fee Paid 10,00 Date 6-18-98

Please follow the attached instructions to avoid unnecessary delays.

Section 1. A						///	
Name HOWA	RO L.	KOPPE	)	10.	Home Tel: ( <u>5</u>	09 977	- 2154
Mailing Address_	3600 LON	GPRAIR	IE RD.	Box 353	Work Tel: (	)	-
City MALLEY	<u>′</u> S	tate W/Zi	p+4 9918	+ 63	53 FAX: (_	)	-
Section 2. Co	ONTACT - H bove	PERSON I	O CALL	ABOU	T THE AP	PLICATIO	N
Name	1				Home Tel: (_	)	
Mailing Address_					Work Tel: (	)	-
City	S	state Zi	p+4	+	FAX: (_	)	
Relationship to app	olicant						
The applicant requ	acta a narmit to 1	see not more t	hon	10	( 220 cr	( allone	per minute or for the purpose(s)
Estimate a maximu	im annual quanti	ty to be used	n acre-toot p	ber year: _			for the purpose(s) CACH A "LEGAL" lat number is not
□ meck if the	water use is pro	posed for a sh	ort-term pro	ject. Indica	ate the period of	of time that the	water will be needed:
	n//_			digginera	•		
FIOL	11	_ 10/_				14.	
Section 4. W	ATER SOU	RCE					
If SURFACE W	ATER			If GROU	JNDWATER		
	amed, write "ur m," etc.:			A permi	t is desired fo	or	well(s).
Number of dive			_/_				
Source flows int	to (name of book		oe'	Size & d	lepth of well(	s):	
LOCATION	ondo e producina di 160. 1600 - Santono di 160.						
Enter the north- section corner:	and the second s			and the state of t			al to the nearest
2,200° N. +	825' E A	rom the .	SW corr	ier of	Sec. 9.	T. 30 N.	R. 40E,
1/4 of 1/4		Township	Range (E/W		County	If location of sou	rce is platted, complete below:
				HIV WINDOWS		Lot Block	Subdivision
NW1/4 SW		30	40	Stev	eno		
614' 370			Y CO				mulicity to the large Warner and
	Date Received:	0/18/199		ty Date:	0/18/1998		
SEPA Exempt/Not E  Date Accepted As Co			194		Dept. Of Health	# Bv	- Ka
Date Accepted As Co	implete / Told	AUCU BY	///D	ate Returned		Rv	WRIA' 73 1

Rev. 7/97 \* \* f COLVILLE RIVER BASIN Appl. No.:

Se	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	TO E.
x	
C.	Do you already have any water rights or claims associated with this property or system?
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection Home
	(Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system?   If yes, explain why you are unable to connect to the system.   Note: Regional water systems are identified by your County Health Department.
Cor	nplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D	
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
Se (C	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use Acres
	Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no.:</li></ol>
E.	Farm uses:
	Stockwater - Total # of animals Animal Type (If dairy cattle, see below)  Dairy - # Milking # Non-milking
	" Hon-linking " Hon-linking

1 8 1998

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point	TE: If you will be storing 10 acre-feet or more of water and/or if it, and some portion of the storage will be above grade, you must rvoir permit application from the Department of Ecology.		
Sec	ection 9. DRIVING DIRECTIONS		
Provi Ene ten Lej	ride detailed driving instructions to the project site.  om Springdale on Hug 231 go morth ab  in left Is mile to Song Pravie Rd.	Pout 2 miles to for north 1.4 miles to	drive way
Sec	ection 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Sec A.	Does the applicant own the land on which the water will be use If no, explain the applicant's interest in the place of use and p of the owner(s):		EYES □ NO
В.	Does the applicant own the land on which the water source is If no, submit a copy of agreement:	located?	✓YES □NO
to pr moni	rtify that the information above is true and accurate to the be rocess my application, I grant staff from the Department of I nitoring purposes. Even though I may have been assisted in the ployees of the Department of Ecology, all responsibility for the	Ecology access to the site for ne preparation of the above	r inspection and application by the
Appl	Howard & Koppe licant (or authorized representative)	6-15-98 Date	>
Land	downer for place of use (if same as applicant, write "same")	Date	

**APPLICATION** 

☐ YES ☐ NO

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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested (date).	d above and return you	r application by
cology staff	Date	

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).